

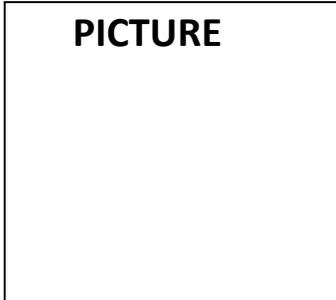


MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland State Board of Dental Examiners

Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228



*Please provide (1) photo that is between 2x2 and 3x3 inches.

This is a true photo of myself taken within the last 2 years to reflect my current appearance. In addition the photograph complies with the photograph requirements contained in my application.

Print Name

License/Certificate Number

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____

My Commission Expires: _____

SEAL